

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005631	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/17/2015
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NAME OF PROVIDER OR SUPPLIER COUNTRYVIEW CARE CENTER-MACOMB	STREET ADDRESS, CITY, STATE, ZIP CODE 400 WEST GRANT STREET MACOMB, IL 61455
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610a) 300.1210d)2) 300.1210d)5) 300.3240a)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>2) All treatments and procedures shall be administered as ordered by the physician</p> <p>5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not</p>	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

10/12/15

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S9999	<p>Continued From page 1</p> <p>develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, record review and interview the facility failed to provide a pressure relieving device for one resident (R4), resulting in the development of a Stage III pressure ulcer, and failed to maintain a physician ordered dressing in place for one resident (R5) with a pressure ulcer. R4 and R5 are two of two residents reviewed for pressure ulcers in the sample of 13.</p> <p>Findings include:</p> <p>A Preventative Skin Care Policy dated 10/2006, documents to provide preventative skin care through repositioning and careful washing, rinsing, drying and observation of the resident's skin condition to keep them clean, comfortable, well groomed and free from pressure ulcers.</p> <p>A Pressure Sore Prevention Guidelines Policy dated 11/2012, documents to provide adequate interventions for the prevention of pressure ulcers for residents who are identified as High or Moderate risk for skin breakdown as determined</p>	S9999			

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S9999	<p>Continued From page 2</p> <p>by the Braden Scale. Interventions for a resident at moderate risk include turning and repositioning every two hours.</p> <p>1. R4's Physician Order Sheets dated 9/2015, documents R5 has diagnoses which include Traumatic Brain Injury, Confusion, Rheumatoid Arthritis and Senile Dementia.</p> <p>R4's Initial Minimum Data Set dated 4/23/15 documents R4 is cognitively impaired and requires extensive assistance of one with bed mobility and transfers and requires extensive assistance of two with ambulation.</p> <p>R4's Braden Scale for Predicting Pressure Ulcer Risk dated 4/16/15 documented R4 was a low risk for development of pressure ulcers.</p> <p>Nurses Notes dated 5/25/15 at 7:40 PM, document R4 as having a discolored area to the Left heel measuring 2.8 centimeters by 4.2 centimeters.</p> <p>Wound care clinic visit report dated 5/28/15 documents R4 was seen for an initial visit for a wound on the left ankle which "resulted from pressure."</p> <p>Wound care clinic visit report dated 9/3/15 documents, "(R4) left heel wound is a Stage three Pressure Ulcer measuring 0.6 centimeters long by 0.9 centimeters wide and 0.3 centimeters deep."</p> <p>On 9/15/15 at 1:15 PM, Z1(Physician's Assistant for R4) stated the wound on (R4's) left heel was pressure in origin and potentially preventable. Z1 stated R4 was to use a protective heel boot for the purpose of offloading. Z1 stated if R4 refused to wear the heel boot, pillows could be used under R4's left leg to prevent heel from coming in contact with the mattress.</p> <p>On 9/15/15 at 1:50 PM, E5, Licensed Practical Nurse removed the sock from R4's left foot. R4's left heel had an approximate 0.6 centimeter by</p>	S9999			

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

COUNTRYVIEW CARE CENTER-MACOMB

**400 WEST GRANT STREET
MACOMB, IL 61455**

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S9999 Continued From page 3

0.9 centimeter area of yellow tissue which appeared dry.

On 9/14/15 at 10:55 AM, 2:03 PM and 2:57 PM, R4 was laying in bed without a protective heel boot on his left heel or a pillow under the legs.

A "Pressure Ulcer List" provided by E1, Administrator on 9/14/15 documents R4 having a facility acquired Stage three pressure ulcer on the left heel.

On 9/16/15 at 9:14 AM, E2, Director of Nursing (DON) stated (R4) did not have a wound on the left heel upon admission in April, 2015. E2 confirmed the wound on (R4's) left heel was facility acquired. E2 stated (R4's) pressure ulcer developed at the end of May. E2 stated (R4) developed the pressure ulcer due to (R4) crossing (R4's) legs while in bed. E4 stated (R4) should have the protective boot on at all times or have a pillow under the legs to offload.

2. A "Pressure Ulcer List" provided by E1, Administrator on 9/14/15 documents R5 having a facility acquired Stage two pressure ulcer on the coccyx.

R5's Minimum Data Set dated 6/5/15 documents R5 is cognitively impaired and requires limited assistance of one for transfers and ambulation. Braden Scale for Predicting Pressure Ulcer Risk dated 6/15/15, document R5 was a moderate risk for developing pressure ulcers.

A Physician Order for R5 dated 9/8/15 documents, "cleanse coccyx wound with (skin hygiene product) and dress with foam and island dressing daily and monitor every shift."

On 9/14/15 at 11:22 AM and 12:03 PM, on 9/15/15 at 10:10 AM and 9/16/15 at 9:40 AM, R5 was sitting in a wheel chair in the television room.

On 9/15/15 at 1:42 PM, E5, LPN stated R5 began

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S9999	Continued From page 4 sitting in a wheelchair following a fracture to the right leg. E5 stated R5 had never used a wheelchair before. R5's nurse notes dated 9/5/15 at 8:00 PM, document redness noted to coccyx and sacral area. Nurses note dated 9/7/15 at 9:00 AM document decreased redness to sacral and coccyx area. Nurse note dated 9/8/15 at 1:45 PM document coccyx now open. Nurses note dated 9/14/15 at 1:05 PM and 9/16/15 at 10:25 AM document coccyx wound open to air. On 9/16/15 at 11:50 AM, E2 Director of Nursing (DON) removed R5's adult brief. No dressing was noted to the coccyx area. On 9/16/15 at 11:50 AM, E2 confirmed there was an order for a dressing to R5's coccyx and the dressing was not in place. (B)	S9999			